

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST MICHEL	MI R
	NICKNAME	LAST NOE	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1440 GEORGE DIETER, STE A EL PASO, TX 79936		
	5 CANDIDATE/ OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (915) 591-4444		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR	FIRST RONALD	MI E
	NICKNAME	LAST PATE	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1011 MONTANA AVE EL PASO, TX 79902		
	8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (915) 532-8000		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
	10 PERIOD COVERED Month Day Year THROUGH Month Day Year 07 / 01 / 2012 12 / 31 / 2012		
11 ELECTION	ELECTION DATE Month Day Year / /		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) CITY REPRESENTATIVE		13 OFFICE SOUGHT (if known)
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL. CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.		
	Name		
	Address / PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

CITY CLERK DEPT.
2013 JAN 15 PM 5:03

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 14,315.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 1,691.35

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 13,536.90

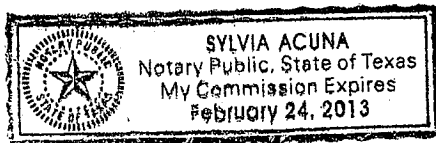
OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 23,500.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



[Signature]

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the
15 day of January, 20 13, to certify which, witness my hand and seal of office.

Sylvia Acuna

Signature of officer administering oath

Sylvia Acuna

Printed name of officer administering oath

Notary Public

Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 JAN 15 PM 5:03

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: 7	
2 FILER NAME MICHEL NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/17/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GARY PORRAS 6 Contributor address; City; State; Zip Code 359 W VINTON ROAD VINTON, TX 79821	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MARGARET S FAULKENBERRY Contributor address; City; State; Zip Code 5305 HARBOR TOWN DALLAS, TX 75287	Amount of contribution (\$) 900.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GEORGE C WAYNE Contributor address; City; State; Zip Code 5595 WESTSIDE DR EL PASO, TX 79932	Amount of contribution (\$) 365.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MELCAN LTD Contributor address; City; State; Zip Code 5595 WESTSIDE DR EL PASO, TX 79932	Amount of contribution (\$) 1800.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARMANDO LOPEZ Contributor address; City; State; Zip Code 9353 VISCOUNT #1078 EL PASO, TX 79925	Amount of contribution (\$) 240.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 JAN 15 PM 5:03

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHEL NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/20/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TALINA FIELDS 6 Contributor address; City; State; Zip Code 6385 FRANKLIN TRAIL EL PASO, TX 79912	7 Amount of contribution (\$) 350.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ARMANDO LOPEZ Contributor address; City; State; Zip Code 9353 VISCOUNT #1078 EL PASO, TX 79925	Amount of contribution (\$) 75.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BEVERLY M MADDEN Contributor address; City; State; Zip Code 1605 MISTY LANE WESLACO, TX 78596	Amount of contribution (\$) 385.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAVIER PRADO Contributor address; City; State; Zip Code 5705 SANTIS CT EL PASO, TX 79932	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RICKIE WILLIAMSON Contributor address; City; State; Zip Code 419 STOTTS EL PASO, TX 79932	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 JAN 15 PM 5:03

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHEL NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/20/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DARRELL CHAMBLISS 6 Contributor address; City; State; Zip Code 12215 PERTHSHIRE RD EL PASO, TX 79912	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: YVONNE DELGADO Contributor address; City; State; Zip Code 11253 WAR FEATHER EL PASO, TX 79936	Amount of contribution (\$) 300.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MELCAN LTD Contributor address; City; State; Zip Code 5595 WESTSIDE EL PASO, TX 79932	Amount of contribution (\$) 1,200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES STUCKEY Contributor address; City; State; Zip Code 8612 GROVER EL PASO, TX 79925	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAN OLIVAS Contributor address; City; State; Zip Code 240 THUNDERBIRD STE D EL PASO, TX 79912	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**
CITY CLERK DEPT. **SCHEDULE A**

2013 JAN 15 PM 5:03

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHEL NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/20/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STANLEY JOBE 6 Contributor address; City; State; Zip Code 1150 SOUTHVIEW DR EL PASO, TX 79928	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CARLOS AGUILAR III Contributor address; City; State; Zip Code 3430 DOUGLAS EL PASO, TX 79903	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALI BOURESLAN Contributor address; City; State; Zip Code 3616 McRAE #A EL PASO, TX 79925	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GREGORY B BOWLING Contributor address; City; State; Zip Code 5533 WOODFIELD EL PASO, TX 79925	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DOUGLAS SCHWARTZ Contributor address; City; State; Zip Code P.O. BOX 13611 EL PASO, TX 79913	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 JAN 15 PM 5:03

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHEL NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/20/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STANLEY JOBE 6 Contributor address; City; State; Zip Code 1150 SOUTHVIEW DR EL PASO, TX 79928	7 Amount of contribution (\$) 1,000.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CARLOS AGUILAR III Contributor address; City; State; Zip Code 3430 DOUGLAS EL PASO, TX 79903	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ALI S BOURESLAN Contributor address; City; State; Zip Code 3616 McRAE #A EL PASO, TX 79925	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: GREGORY B BOWLINGS Contributor address; City; State; Zip Code 5533 WOODFIELD EL PASO, TX 79925	Amount of contribution (\$) 400.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DOUGLAS SCHWARTZ Contributor address; City; State; Zip Code P.O. BOX 13611 EL PASO, TX 79913	Amount of contribution (\$) 1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 JAN 15 PM 5:03

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <div style="text-align: center;">MICHEL NOE</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/20/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: FRED LOYA 6 Contributor address; City; State; Zip Code 12001 PASEO DE ORO EL PASO, TX 79936	7 Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EP ASSOCIATION OF BUILDERS BUILD PAC Contributor address; City; State; Zip Code 6046 SURETY DRIVE EL PASO, TX 79905	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: MIKE DIPP Contributor address; City; State; Zip Code P.O. BOX 55 EL PASO, TX 79940	Amount of contribution (\$) 100.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: EL PASO FIRE FIGHTERS, LOCAL 51 Contributor address; City; State; Zip Code 3112 FORNEY DR EL PASO, TX 79935	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/20/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RABA-KISTNER PAC Contributor address; City; State; Zip Code P.O. BOX 690287 SAN ANTONIO, TX 78269	Amount of contribution (\$) 500.00 (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 JAN 15 PM 5:03

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHEL NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/25/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERIC MERRILL 6 Contributor address; City; State; Zip Code 1 WATERWAY #2113 WOODLANDS, TX 77380	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JAMES LITTLE Contributor address; City; State; Zip Code 54 WATERWAY CT WOODLANDS, TX 77380	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID EDDIE Contributor address; City; State; Zip Code 5120 GREYSON CREEK EL DORADO HILLS, CA	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: ERIC HANSEN Contributor address; City; State; Zip Code 241 RUSHCLIFFE CT EL DORADO HILLS, CA	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVEN BOUCK Contributor address; City; State; Zip Code 10001 WOODLOCH FOREST WOODLANDS, TX	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

CITY CLERK DEPT.

SCHEDULE A

2013 JAN 15 PM 5:03

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME MICHEL NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/25/12	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WORTHING JACKMAN 6 Contributor address; City; State; Zip Code 2671 HUNTINGTON SACRAMENTO, CA 95864	7 Amount of contribution (\$) 250.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 07/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RON MITTELSTAEDT Contributor address; City; State; Zip Code 1312 CROCKER DR EL DORADO HILLS, CA	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: P. J. SHEA Contributor address; City; State; Zip Code 10001 WOODLOCH FOREST WOODLANDS, TX	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID HALL Contributor address; City; State; Zip Code 1939 CALAVERAS DR EL DORADO HILLS, CA	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 07/25/12	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: LINEBARGER GOGGAN BLAIR Contributor address; City; State; Zip Code P.O. BOX 17428 AUSTIN, TX 78760	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

POLITICAL EXPENDITURES

CITY CLERK DEPT.

SCHEDULE F

2013 JAN 15 PM 5:03

EXPENDITURE CATEGORIES FOR BOX 8(a)Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2		2 FILER NAME MICHEL NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/06/12		5 Payee name ZIPPY PRINTING			
6 Amount (\$) 45.74		7 Payee address; City; State; Zip Code 2855 PERSHING DR EL PASO, TX 79903			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) PRINTING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) INVITATIONS, ENVELOPES	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 07/11/12		Payee name PATE AND APPLEBY LLP			
Amount (\$) 113.00		Payee address; City; State; Zip Code 1011 MONTANA EL PASO, TX 79902			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ACCOUNTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 07/18/12		Payee name LANDRY'S SEAFOOD HOUSE			
Amount (\$) 699.48		Payee address; City; State; Zip Code 6801 GATEWAY WEST EL PASO, TX 79925			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) FOOD/BEVERAGE EXPENSE		Description (If travel outside of Texas, complete Schedule T) FUNDRAISER EVENT	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 10/03/12		Payee name PATE AND APPLEBY LLP			
Amount (\$) 319.00		Payee address; City; State; Zip Code 1011 MONTANA EL PASO, TX 79902			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES

CITY CLERK DEPT.

2013 JAN 15 PM 5:03

SCHEDULE F**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gift/Awards/Memorials Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME MICHEL NOE		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 08/28/12		5 Payee name LOPEZ MARKETING			
6 Amount (\$) 110.13		7 Payee address; City; State; Zip Code 11169 LA QUINTA PLACE EL PASO, TX 79936			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description (If travel outside of Texas, complete Schedule T) WEBSITE RENEWAL	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 08/28/12		Payee name PATE AND APPLEBY LLP			
Amount (\$) 404.00		Payee address; City; State; Zip Code 1011 MONTANA EL PASO, TX 79902			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ACCOUNTING EXPENSE		Description (If travel outside of Texas, complete Schedule T) ACCOUNTING SERVICES	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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